B.—WRITE PD

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1321)
1. PLACE OF DEATH 9	(150)
County A Massel A	Registration Dist. No. 28 y
Village or City res Comfon Page	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Assession	4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Seas 2 ml 1937 (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That Lattended daceased from
6. DATE OF BIRTH (month, day, and year) Let. 15, 1937.	I last saw h. gara alive on Fel-17 200-16-16-16 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
0 0 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	morrows
SAWYER, BOOKKEEPER, atc.	History was that of Johnstones Linter Court
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Thysician did not see child from those
1-9-1-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Robert Taylor	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Jane Cicelia armstrong	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place # # Data Data Data 1993 /	Natura of injury
19. UNDERTAKER DON DELEVETURE	24. Was disease or injury in any way related to occupation of deceasad?
(Address) Beeffth	If so, specify
20. FILED 3/3 , 182 Carea a a	(Signad)
Registrar.	(Addrass)

CEDTICICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
3 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF BEATH. 03241
County St. Marys	Registration Dist. No. 281
Village or City Pinks Court	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME & Sie Marie 19	risco
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thereis to the standard of t	21. DATE OF DEATH March 12, 193.7 (Month) (Day) (Year)
5a. If married, w'dowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from March 1/1937, to 24 arch 1/21937.
6. DATE OF BIRTH (month, day, and year) Dec 9 1936	I last saw here alive on Islamble 11, 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at ./-30 Pm.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and second in this country in the second in the	Bronina presenta 1/4/37
Work was done, as STIK MILL, SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country) 2. State or country)	Other Contributory Causes of importance:
The second second	
14. BIRTHPLACE (city or town). Pinay de	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Connect Gross 16. BIRTHPLACE (city or town) Princy Society (Stata or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hollow Brisco	Whara did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Marks Camboate Mar. 13, 1937	Menner of Injury
19. UNDERTAKER arthur Britain	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO March 12, 187 Af Blan MD	(Signed) (Ardress) In a a & Mi Mi Mid Mid

STATE OF MADVI AND CEDTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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(Day)

(Year)

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis / Co. C. D.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ?	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ORD. Every item of infor-PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

should state of OCCUPA-

STATE OF MARTERIES	OLIVINIONIE OF BEATH
1. PLACE OF DEATH	- (R)-a)
County Wy May	Registration Dist. No.
Village or City Anguedrom	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME July Dradu	
(a) Residence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 6, 193 7. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maries. URrus	22. HEREBY CERTIFY That I attended deceased from
-12-14	1937, to 6, 19. 3.
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	l last saw had alive on of the last safe
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc	received + true may
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Sawyer, Boossin, ar perturber, and the same of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, etc. Sawyer, Bookkeeper, etc. Sawyer, Bookkeeper, etc. Sawyer, Bookkeeper, etc. Sawyer, Bookkeeper, etc. Sawyer, e	
mid.	Other Coatribatory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
	Mulli schens
H 20- d	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME FAUL 16. BIRTHPLACE (city or town) 22 (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clayer Develoction	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAK, CREMATHON, OR REMOVAL	Manner of Injury
Roll Notes Chapel Date 3/8 ,1937	Nature of injury
1046 Malitant	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) levandor	If so, specify
3/7 37 6000	(Signed) Jary a. Camalin M. D.
20. FILED, 19 Registrar.	(Address) Leonardhow
Action and a second a second and a second an	

STATE OF MARYLAND-CERTIFICATE OF DEATH

117917

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Dale of onsel	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago	
: APR 3 1927				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			2 goar	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	1	1	1	4	II.	4

1. PLACE OF DEATH	(1-2)
County St Marys	Registration Dist. No. 28/
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U, S. if of foreign birth?yrsmos,ds,
2. FULL NAME Jocan Burrell	
(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Black Market Marke	21. DATE OF DEATH Men (Day) / 2 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Burell	22. I HEREBY CERTIFY. That I attended doceased from march 1, 1937, to March 12, 1937.
6. DATE OF BIRTH (month, day, end year) August 15, 1891	I last saw ham alive on March 12, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at&iJOP_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month end pears) spant in this occupation (month end pears). 12. BIRTHPLACE (city or town) A Manager (State or country) 13. NAME Deceased last worked et this occupation.	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Johnson 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mary Burrell (Address) Great Mulls Mod	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
Place It hecholes Cometing Date March 15,1937	Manner of injury
19. UNDERTAKER Thomas Harris and (Address) Hermanwille and 20. FILED March 13, 1927 Of Bean not Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) Great March March

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH		92-0	
County It many		Registration Dist. No.	181
Village or City		No. If death occurred in a hospital or institution, give its NAME instead of att sds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Marian Ch	jabeth C	hapman	
(a) Residence: No. (Us	ual place of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEA	
The ORD ORD	LE, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	7 , 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Chapens	~~	22. I HEREBY CERTIFY, That I a March 16, 1937, to March	h. 17, 1937
50 8	ays If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, et 6.2. P.m.	1937; death is sai
8. Trade, p:ofession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	. Total time (years)	Influenza	3/15/3
12. BIRTHPLACE (city or town) Deeme (State or country)	occupation 3Q	Dther Contributory Causes of Importance: Mithal Stensis	1933
14. BIRTHPLACE (city or town) (State or country) Manylan		Name of operation O What test confirmed diagnosis? Was ti	
15. MAIOEN NAME Saura Was h 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Julia Coatus (Address) Plant on Mad	ington	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify eity or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PUI	and State)
18. BURIAL, CREMATION, OR REMOVAL Place St. Nicholas Cemetidate.	March 19,1937	Manner of Injury	
19. UNDERTAKER WMC Mattingle (Address) Lionandtown 20. FILED March 10., 127 Pf	Md Beal Registrar.	24. Wes disease or injury in any way related to occupation of decea If so, specify (Signed) (Address)	sed? M. I

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Chronic interstitial nephritis APR 0 1331	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		h	1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important.

ż

1. PLA	CE OF DEATH	,		107
Coun	ity St. Mc	My J		Registration Dist. No. 286
	ge or City una	lolyt	A	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Lengt	th of residence In city or town wher	e death occurred	yrsL_Q_mos	is 29 ds. How long in U.S. If of foreign birth?yrsmosds.
100000000000000000000000000000000000000	L NAME Quir Residence: No. Bus	of show	gd u	Ward.
PF	RSONAL AND STATIS	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
_w	eve		(write the word)	(Month) (Day) (Yeer)
5e. If merried HUSBA	d, widowed, or divorced	0		
(or) WI	FE of			22. I HEREBY CERTIFY, That I ettended deceased from
6 DATE OF	BIRTH (month, day, and year)	1 - 3 -	1935-	lest saw h. Less alive on 2 1932; death is said
7. AGE	Years Months	Days	If LESS then	to heve occurred on the date stated above, at 7300m.
	1 10	7- 9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trad	le, profession, or particular		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of one of Therman 7-31
0 3	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	non		
D- \	stry or business in which work wes done, es SILK MILL,			
Date Oate	SAW MILL, BANK, etc	11 Total ti	me (years)	-
	this occupation (month and — yeer)	spa1	ntin this	
	B	. P	G-(Other Contributory Causes of importance
	ACE (city or town)	min	200	double Dandus
1	0 9	111-	tient.	
Ξ	1. B	11	- it	
A 14, BIRT	RPLACE (city or town)	M	ne	Name of operation
	DEN NAME Beitha	Putt	Carlo	What test confirmed diegnosis?
H	11	100000		23. If death was due to externel ceuses (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
O 16. BIRI	HPLACE (city or town) & (State or country)	U. C.		Where did injury occur?
17. INFORMA		cie D	iesly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Add		ldut		
	CREMATION, OR REMOVAL	1 70 3-	3- 102	Manner of injury
riece	A.		19,3-7	Neture of injury
19. UNOERT		Herr	veely	24. Was disease or injury in any wey releted to occupation of deceased?
(Add	ress) Trester	wal	wel	If so, specify
20. FILEO	3-2-,1937 11	V. Pala	w	(Signed) M. O.
			Registrar.	(Address)

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 7 1931	July 5,1927	Peritonitis	3 days ago	
b	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 N. B. of OCCUPA.

Male Black OR DIVORCED (write the word) The March 25 The Month Of Month O	13247
Village or City Valley No. St., (If death occurred in a hospital or institution, give its NAME instead of street a Langth of residence in city or town where death occurred 2. yrs. ## mos. ## ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Pabert Leo Cuttered (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) March 25 (Month) (Day)	
Village or City Valley No. St., (If death occurred in a hospital or institution, give its NAME instead of street a Langth of residence in city or town where death occurred 2. yrs. # mos. 7 ds. How long in U.S. if of foreign birth? yrs. 2. FULL NAME Part Loc Valley (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) March 25. Month (Month) (Day)	1
Langth of residence in city or town where death occurred decountered and the state of the state	Ward
2. FULL NAME Pabert Les Cutchen Sc. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) March Color of Race OR DIVORCED ("write the word) March Color of Race OR DIVORCED ("write the word) March Color of Race OR DIVORCED ("write the word) March Color of Race OR DIVORCED ("write the word) OR DIVORCED ("write the word) OR DIVORCED ("write the word) Color of Race OR DIVORCED ("write the word)	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of HUSBAND of A COLOR OR RACE OR DIVORCED (write the word) Married, widowed, or divorced HUSBAND of A COLOR OR RACE OR DIVORCED (write the word) (Month) (Day)	11103,03,
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fig. 1 if married, widowed, or divorced HUSBAND of HUSBAND	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) March OBJUST (Month) (Day)	and State
Male Black OR DIVORCED (write the word) The March 25 The Month Of Month O	1
5a. If married, widowed, or divorced HUSBAND of	, 193.7 (Year)
(as) MIST of (as) The Latter of (as) MIST of	
(01) WILL 01 A A A A A	
(1 ·) (a.a.	25 193.7 2: death is said
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 11.30 A.m.	L, ueath is said
1 1 19 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
R Trade profession or narticular	Water of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done as SILK MILL	TRUCK LIV.
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at/ 11. Total tima (years)	
this occupation (month and year) spant in this occupation occupation	
Dither Contributory Causes of Importance:	
(State or country) Md	
13. NAME Frank Cutchen for	
14. BIRTHPLACE (city or town) Juliu Au Name of operation. Date o	f
(State or country) Ma What test confirmed diagnosis? Was there	an au'opsy?
15. MAIDEN NAME Many Brown 23. If death was due to external causas (VIDLENCE) fill in also the follow	ving:
16. BIRTHPLACE (city or town) Valley Lee Date of injury Date of injury	, 19
Whare did injury occur? (Specify city or town, county and	State
17. INFORMANT - 1 January Wileston Dut Specify Wilester Injury Occurred in INDUSTRY, In HUME, OF IN PUBLIC	PLACE.
(Address) Valley dee md 18. BURIAL, CREMATION, OR REMOVAL	
Place Atte and Complete Man of 271027	
) On O lea the O	
19. UNDERTAKER Under Matteringty 24. Was disease or injury in any way related to occupation of deceased? (Address) Linear Storm, and If so, specify	
20. FILED. March 25, 1937. Of Dean but (Signed) (Address) Quant Milly, and	M. D
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example I		Example II	
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage 1017	July 5,1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03249
1. PLACE OF DEATH	48 30%
County St. Mays	Registration Dist. No.
Village or City Tyleffen PO.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. Ilow long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary madeline Holf	
(a) Residence: No. Welen St. Mays Co W. (Usual place of a bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (TUTIN the word Married)	
a. If married, widowed, or divorced	. (month) (bas) (lear)
(OT) WIFE OF Thanks Hell.	22. HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, end yeer) 100.19-1896	Hast say her elive on March. 27 1937; death is sai
7. AGE Years Months Days If LESS that	
1/n 5 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or parlicular	were as follows: Oate of onse
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	110
9. Industry or business in which	Menie Parcinoma
year) occupation	Other Coutributory Causes of Importance:
12, BIRTHPLACE (city or town) Maryland	
(State or country)	
13. NAME John Sumarelle	
14. BIRTHPLACE (city or town) Maryland	Name of operation Aplantony Laforatory Date of Oct. 30
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Nate adams	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary land	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Trancis Left - (Address) Lelen 5.0.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece St. Date Office 1, 19.	Neture of injury
19. UNDERTAKER W. C. Mailing ly -	24. Was disease or injury in any way related to occupation of deceased?
20 FILED MAN 31 1937 A. D. S. MARSON	(Signed) Claysias C. Weld M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement PERMANENT RE stated EXACTLY. properly classified. FOR BINDING certificate. INK-THIS MARGIN RESERVED AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may UNFADING mation should be carefully supplied. TION is very important. -WRITE m

ż

1. PLACE OF DE	ATH _O			<u> </u>	2 8 7 -
County	County A Drawler			Registration Dist. No.	200
Village or City	Leverd.	raton	7/(ii	N0 death occurred in a hospital or institution, give its NAME instead o	St,Ward f street and number)
Length of residence in	city or town where	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs.	ds.
2. FULL NAME	Inha	ul of	raar		
(a) Residence: No.	- 1		//	St., Ward,	
(-/		(Usual place	of abode)	If nonresident give city of	
PERSONAL A	ND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COL	or or race		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or di HUSBANO of	vorcad				
(or) WIFE of				22. HEREBY CERTIFY, Jhat	attended deceased from
6. DATE OF BIRTH (month, d	lay, and year)	mas 8	¥ 1437.	I last saw h. 1992 aliva on mer 4 M.	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at	in the
D	10	/	ormin.	 The PRINCIPAL CAUSE OF DEATH end related causes of impo wera as follows: 	rtance Oata of onset
8. Trede, profession, or kind of work don	particular a as SPINNER			P	
SAWYER, BOOKK	EEPER, atc			Unimonary allete	sis Bunft.
kind of work don. SAWYER, BOOKK 9. Industry or business work was dona, a SAW MILL, BANK 1D. Data deceased last w	SILK MILL.	to [When I			
1D. Data deceased last we this occupetion (myear)	orkad at	Sp6	time (yeers) ent in this upation		
	P	dT.	.n L.1	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town (Stata or country)	n)	ausor	V. J. F.D.4	P. J. W. W.	4 0 0
	- P1-H	Mica	1	Ounaux Prists Tissens	Me a pres
E	syn H	Hugy	4 5	- Janes	
14. BIRTHPLACE (city or (State or country)		hans	P. Shed	Nama of operation	Date of
	271	50 9.11	o la	What test confirmed diagnosis? Wa	
15. MAIOEN NAME 16. BIRTHPLACE (city or	Herry	alizarin	much	23. If death wes due to axternal causes (VIDL ENCE) fill in also t	
O 16. BIRTHPLACE (city or Stata or country		Besila	15 2	Accident, suicide, or homicide? Date of in	jury, 19
-1 (State of Country	01	14 rys	ovena_	Where did injury occur? (Specify city or town, cou	inty and State)
17. INFORMANT(Address)	refh H	High	66	Specify whether injury occurred in INDUSTRY, in HDME, or in	PUBLIC PLACE,
18. BURIAL, CREMATION, DR	11	Las A	10 65	Manner of injury	
Place # 14cmus	Henry Chi	4908 /H	2/0,1937	Natura of Injury	
19. UNDERTAKER	m 6 m	allen	Chypud	24. Was diseasa or injury in any way related to occupation of de	aceasad?
3/0	37 /	ha	2000	(Signed) / Beemvel	M. D.
20. FILED - / - 4	, 19	allebrahale	Registrar.	0 11	on long

STATE OF MARYLAND-CERTIFICATE OF DEATH

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APR 3 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPATI

FATHER

MOTHER

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceesed last worked at

yeer) _____

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town) (State or country)

OR REMOD

(State or country)

12. BIRTHPLACE (city or town (Stete or cogntry)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNOERTAKE

18. BURIAL, CREMAZIO

(Address)

this occupation (month and

should state item of infor-

OCCUPA-

Jo

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03251
County Standard County Standar	Registration Dist. No. 293
Length of residence in city or town where doth occurred 70 yrs	/
(a) Residence: No. MygaMygalpiace of abode) PERSONAL AND STATISTICAL PARTICULARS	If U. S. Veteran, specify WAR
3. SPX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, Carrie the word) 3a. If married, widowed, or divorced	21. DATE OF DEATH MM H, 193 (Month) (Day) (Year)
HUSBANO of COLON WIFE of COLON WIFE of COLON WIFE OF BIRTH (month, day, and year) (001.13 - 1860)	1 HEREBY CERTIFY. Thet Laltended decessed from 1927, to 1927; deeth is said
7. AGE Years Months Oays If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, es SPINNER, MML	to have occurred on the dete stated above, at f

Name of operation. What test confirmed diegnosis?. Was there an autopsy?. 23. If deeth was due to externel causes (VIOL ENCE) fill in eiso the following:

Accident, suicide, or homicide?______ Dete of injury______19____ Where did injury occur?__

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Neture of Injury

24. Was disease or injur if so, specify

(Signed)

11. Total time (years) spent in this

occupation_

Registrar.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis APR 7 7023	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II ALAUVS.	1		
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be UNFADING mation should be carefully supplied. TION is very important. B.—WRITE

1. PLACE OF DEATH)) ~
County of masy	Registration Dist. No. 287	
Village or City near Libeville	NoSt.,St.,St.,St.,St.,St.	Ward
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsyrsmos	ds.
2. FULL NAME Mary G. Johnson		
(a) Residence: No. Osean (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193	Zear)
(or) WIFE of Celles H. Johnson	22. HEREBY CERTIFY, Dat I attended deceand the second seco	sed from
6. DATE OF BIRTH (month, day, end year)	I last saw h	th is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
93 grmin.	wore as follows:	e ol onset
8. Trade, profession, or particular kind of work done, as SPINNER. SWinder from SAWYER, BOOKKEEPER, etc	Mente fittillation	23145
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at 2 11. Total time (years) this occupation (month end	Aprine my Cardin	1935
O 10. Dete decessed last worked at this occupation (month end year) spent in this year) socupation.		
12. BIRTHPLACE (city or town) f Thank les	Other Coutributory Causes of importance:	
II 13. NAME The Durch		
13. NAME / hor Serving for 14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of country)	Whet test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME Southern	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town) AT Mary 65 Ma	Accident, suicide, or homicide?	19
17. INFORMANT Sugar of the Amstell (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REPOVAL Place D. T. J. S. Committee Comm	Menner of injury	
19. UNDERTAKER Julifficer & Mallingley.	24. Wes disease or injury in any way related to occupation of deceased?	J
20. FILED 3/31 , 1957 Camalin	(Signed) It Is I see mostly	7 M. D.
Registrar.	(Address) Long User Long Ind	7

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritia	5. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RECORD. 1	. PHYSIC	Exact state	
FOR BINDING	IS A PERMANENT	stated EXACTLY.	properly classified. 1	cortificate
V. S. No. 1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	TION is very important. See instructions on back of certificate.
>	z			

TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03253
1. PLACE OF DEATH	(/31)
County St. Maryo	Registration Dist. No. 281
Village or City Toyma	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Robert Hlates	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No Divorceo (write the word)	21. DATE OF DEATH (Month) (Day) (Hear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 28, 1887	March 27,1937, to March 28, 1937 I last saw h in alive on March 29, 1937; death is said
6. DATE OF BIRTII (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 8,30P m.
49 4 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Interstituil hyphritis 1935
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
21 4 6	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) All Marke	feart block 1736
13. NAME Herman Klota	
13. NAME Across Klotg 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Marie & Schwedler 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Germany	Where did injury occur?(Specify eity or town, county and State)
17. INFORMANT Les F. To eavel (Address) Les burges	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place wym med Oate liferal (,193)	Nature of injury
19. UNOERTAKER E. S. Pobusous and	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO March 1919 7 Py Bearly Registrar.	(Signed) (Signed) M.O. (Address) Great Mills Fred

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis . L. S. L. L. F. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1937	July 5,1927	Peritonitis	3 days ago
STOPAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. __St.,____ Village or City - Co-a (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. mos. ds. Length of rasidence in city or town whara death occurred _____yrs, Saleran, specify WAR. Ward. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) m ale 5a, If married, widowed, or divorced HUSBANO of 22. ERTIFY, That I eltended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE to have occurred on the date stated above, at m. I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca or____min. Oate ol onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceasad last worked at If. Total time (years) this occupetion (month end spent in this year) _____ occupation_ 12. BfRTHPLACE (city or town) (State or country) FATHER f3. NAME Name of operation_ f4. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis?_ Was thera an eutopsy?_ OTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was diseese or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registray. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3	1931 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
News			
Other contributory causes of importance:	The state of the s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			15 77 17 1

V. S. No. 1

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-00
County Wi 6 Man 1	Registration Dist. No. 28 3
Village or City X (111111) YNW	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Mudally Whilehall	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (AMMIN) AND WARMY	
(a) Residence: No. A MULA (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MALON, MI
Male OR D. VORCED (write the word)	(Month) (Day) (Mear)
5a. If married, widowed, or divorced HUSBAND of	(00)
(or) WIFE of Ugnes Quade / Mushy	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (wonth, day, and year) WM. 13 4 1830	1 last saw h
7. AGE Yaars Months Days II LESS than	to have occurred on the date stated above, at 11. 20 cm.
57 2 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade protection or particular	no O'Auguran so attenduna Date of onest
Kind of work done, as SPINNER, HOMMAN SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this countries) 2 %	TO Seel of Blowner Whoter &
work was dona, as SILK MILL, SAW MILL, BANK, etc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Date decaased last worked at this occupation (month and 1933 spant in this year) occupation	<u> </u>
12. BIRTHPLACE (city or town) Dynaminm	Other Cantributary Causes of Importanca:
(State or country)	
13. NAME 10 MAN	
14. BIRTHPLACE (city or town) AND MULTINE	Name of operation Deta of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME PROPERTY OF TOWN OF THE PROPERTY OF THE PROPER	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT JAMES MANGE MANAM	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Samel Grow	
18. BURIAL, CHEMATION, OR REMOVAL Place Mr. R. 9 1927	Menner of injury
Place N. S. W. G. S.	Nature of injury
19. UNDERTAKER (CANADAM) (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED M. 2.7., 19.3.7. A. 12. J. My W. Registrar.	(Signed) A 1 A MANANAM M. D. (Address) MANANAM M. M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Timber disasses of	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis APR 7 1027	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V S	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

		F MARY	LAND-	CERTIFICATE OF DEATH 03	256
1. PLACE OF DEAT	1				
County City	The same	15		Registration Dist. No. 287	
Village or City	Hanud	Ann	(1	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	number)
Langth of rasidence in city	or town where dea	th occurred		sds. How long in U.S.if of foralgn birth?yrsn	nosds.
2. FULL NAME	Virgin	ahar	end'n	us Ph	
(a) Residence: No	CEHA	ane	e U	Ward.	
	K	(Usual place of	-	If nonresident give city or town and	d State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
	med	S. SINGLE, MARRI OR DIVORCED	ED, WIDOWED, (rewrite the word)	21. DATE OF DEATH Much /2 (Month) (Day)	, 193 /
5a. If merriad, widowed, or divording HUSBAND of	ad				(1001)
(or) WIFE of				1 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day,	and years ma	u 1	1936 ?	I last saw h. 2 Saliva on March 11 193	2, 19
7. AGE Yeers	Months	Deys	If LESS then	to have occurred on the date stated ebove, atm.	?; death is said
	10		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada, profession, or par	ticular		ormin.	were as follows:	Date of onset
kind of work doine, as SAWYER, BOOKKEEP 9. Industry or business in work was dona, as SI SAW MILL, BANK, et al. O. Date deceased last work bis occuration (man)	ER, etc.			Helaborel Kokur	
9. Industry or business in work was dona, as SI SAW MILL, BANK, et	which LK MILL,				
SAW MILL, BANK, et		11. Total time	r-(vaare)	of neumani	Blix
O this occupetion (mont year)		spenti	in this		
	mi	A	P	Othar Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town) (State or country)	0.000	Jun	76 00		
13. NAME		V			
E			.4		
14. BIRTHPLACE (city or tow (State or country)	m)		A	Name of operation Date of What test applications and discretized	
15. MAIDEN NAME				What test confirmed diegnosis? Wes there en	
15. MAIDEN NAME 16. BIRTHPLACE (city or town	n)	11	. ,	23. If death was due to external ceusas (VIOL ENCE) fill in also tha following Accident, suicide, or homicide?	
(State or country)	"/	W	Med	Where did Injury occur?	, 17
17. INFORMANT(Address)				(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR RE	MOVAL	4. 7		Manager	
Place Jalu I	lesely	Blackon	2/17.1937	Manner of Injury	
A. J.	4	Triand	>		
19. UNDERTAKER (Addrass)	arka	mid		24. Was disease or injury in any way related to occupation of deceased?	
7	37 /20			(Signed) And left from	M D
20. FILED / 19	11 KUA	era e	Registrar.	(Address) Sugar aslle.	M. D.
	If more bla	nks are needed, add	ress State Registrar,	2411 N. Charles Street, Ballimore, Request & U. S. No. 1.	

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Example 1		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago		
Other contributory course of importance					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

y item of infor-IS should state it of OCCUPA-

The state of the s	NT RECORD. Every L.Y. PHYSICIANS I. Exact statement
FOR BINDING	Stated EXACT properly classified certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.
7. S. No. 1	N. B.—WRIT. mation CAUSE TION is

V. S. No. 1

1. PLACE OF DEATH County St. Max			16	Desistantias P	ist. No. 2	81
19	4/1			Kegistration D	ist. No.	0 1
Village or City Lower Length of residence In city or town whera d	eath occurred	yrs 5 mos	No. death occurred in a hospital or insti	tution, give its NAME of foreign birth?		
2. FULL NAME Fran		misse	Price			
(a) Residence: No.		D. H.L.	St., Ward.			
(4) 1103,000,000	(Usual place of	abode)	· · · · · · · · · · · · · · · · · · ·	If nonresident gi	ve cily or lown a	nd State
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL	CERTIFICATE	OF DEATH	
Finale White		(write the word)	21. DATE OF DEATH	March (Month)	(Day)	, 193.
a. If married, widowod, or divorced HUSBAND of	- 6					(1681)
(or) WIFE of	THE COL		22. HEREB	Y CERTIFY	That I attande	ed deceased fro
DATE OF BIRTH (month, day, and year)	ht 19	1936	I last saw h aliva on			
. AGE Years Months	Days	If LESS than	to have occurred on the data sta			k = = death is si
6 3	24	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA			
8. Trada, profession, or particular		ormin.	Poliomys	litio		3/14/3'
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	non	-				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc						
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occuration (month and	11 Total tim					
this occupation (month and	11. Total tim	in this ation				
P	17.	_	Dther Contributory Causes of im	portance:		
(State or country)	arout	m g				
1 200	RIP	· · · · ·	-			
57750000	VVIA	vec				
(State or country)	neela-				Data of	
- 10	The R.	0.				
	Cy1.11a	t de	23. If death was dua to external c			
(State or country)	rulan		Accident, suicide, or homicide? Where did Injury occur?	U	ite of injury	, 19
7. INFORMANT Charles (Address) Langue	Price	1	Specify whather injury occurred	(Specify city or to in INDUSTRY, in HOM	wn, county and S E, or in PUBLIC I	lale) PLACE.
8. BURIAL, CREMATION, OR REMOVAL	CAN	Ind	Manner of injury			
Place Sittle Flower to	Date Mar	2.17.1937	Nature of injury			
9. UNDERTAKER Winsites In (Address) Deonard	ratting	ley	24. Was disease or injury in any		ion of deceasad?_	
10. FILED March 1(1937	Pass	ear 741	(Signed)(Address)	Grant .	Bear	M

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago		
Cerebral hemorrhage APR 6 1937	July 5, 1927	Peritonitis	3 days ago		
Alless, III V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

PHYSICIANS should state of OCCUPA. certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

03258

1. PLACE OF DEATH	106-00
County St Maryo	Registration Dist. No. 28/
Village or City Leonard trus	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) os. 3 ds. How long in U.S. if of foreign birth?
100 1 7 11	
2. FULL NAME Margaret Wellbac	ner
(a) Residence; No. (Usual place of abode)	St., Ward. California Mid.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Month (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of	. (month) (bay) (real)
(or) WIFE of John Weelbachei	22. HEREBY CERTIFY That I attended deceased from 197, to March 2, 197
6. DATE OF BIRTH (month, day, and year) Fich 22 1893	I last saw has alive on March 3 , 1937 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
44 0 9 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	aurica lo-Ventricular Alank 9/25/27
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and the same line this	
10. Date deceased last worked at this occupation (month and 1937 sportin this occupation occupation	
0.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cale Malheria 410/37
13. NAME Positive Dundas 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME Ellen Donohus	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Ellen Donofice 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) dreland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Color Dundres (Address) Jury Carle Sect-	Specify whether Injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Marie Dunde Jate March (1. 193)	Nature of Injury
19. UNDERTAKER Lem C Waltingley	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Lonardtown hid	If so, specify
20. FILED March 5, 19 37 Af Bear has	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 11			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis .	3 days ago		
	Other contributory causes of importance:	0		
May 1,1923	Gastroenteritis	1 year		
		0		
		A. C.		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

BINDING

IARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	7 July 5,1927	Peritonitis	3 days ago		
BUREASIV	. 5. 1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

N. B.-WRITE

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
		14144171	MILL	OFILITI	CILL		DLAIL

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1	r		5	1	31	h	1	В
٩.,	7.	₹		50	T.		1	9

1. PLACE OF DEATH Many	93-0 Z8V			
1000 1111	Registration Dist. No.			
Village or City // Succession	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmosds.			
2. FULL NAME Calkerell / Jak				
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR/D) VORCED (write the word)	21. DATE OF DEATH May 30 ,193 7 (Month) (Oay) (Yest)			
5a. If married, widowed, or divorced	(month) (va)) (two)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from			
	195, to 195, 198			
6. DATE OF BIRTH (month, day, and year)	I last saw delt alive on 197; death is seld			
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, e			
wow 32 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deseed last worked at this occupation (moreh and this occupation)).	Chronic Myocardini			
9. Industry or business in which work was done as SILK MILL				
work was done, es SILK MILL, SAW MILL, BANK, etc.	· Ochleia Mullierary 3/30			
- I this occupation (highlight and 1 2 1 1 2 point in this 1 1				
year) occupation occupation	Other Coutributory Causes of Importance:			
12. BIRTHPLACE (city or town)	V			
(State or couply)				
14. BIRTHPLACE (city or town)				
4 14. BIRTHPLACE (city or town)	Neme of operation Date of			
(State of country)	What test confirmed diagnosis? Was there an autopsy? U.L.			
IS. MAIOEN NAME CLEEP TO THE	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
15. MAIOEN NAME LUGA LLLOYA LLUYA LLLOYA LLUYA LLLOYA LLUYA LLLOYA LLUYA LLUYA LLUYA LLUYA LLLOYA LLUYA LL	Accident, sulcide, or homicide? Date of injury			
(State-or country)	Where did injury occur?(Specify city or town, county and State)			
17. INFORMANT ORCHEST HOLES (Address) / 722-16 C. S. Will. D. C.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL CREMATION, OR REMOVAL	Manner of injury			
Place See Ally 1861 Octo 4/ 187	- Nature of Injury			
19. UNDERTAKER WY O Mallingly	24. Was disease or Injury in any way related to occupation of deceased?			
(Address) Jouanardem	If so, specify			
20. FILED 3/30, 1837 Oamalen	(Signet)/Colff S. Stellatel M. O.			
Registrar.	(Address) Loudeld or n			

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3 1937	4		
Other contributory causes of importance.	77	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	rs	\mathbf{BY}	PHYSICIAN
----------------------------------------	----	---------------	-----------